

**STATE OF IDAHO BUREAU OF LABORATORIES**  
**2220 OLD PENITENTIARY ROAD**  
**BOISE, IDAHO 83712-8299**  
**(208) 334-2235**

**NON-0157 E.COLI SURVEILLANCE REQUISITION**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Identification Number \_\_\_\_\_ Sex: M F

City and County of Residence \_\_\_\_\_

Date of Specimen Collection \_\_\_\_\_ Source \_\_\_\_\_

Symptoms: ☐ Watery diarrhea  
☐ Bloody stool  
☐ Abdominal cramping  
☐ HUS (Hemolytic Uremic Syndrome)  
☐ Other: \_\_\_\_\_

Organisms Tested For: ☐ E.coli O157  
☐ Salmonella  
☐ Shigella  
☐ Campylobacter  
☐ Other: \_\_\_\_\_

Culture Results / Pathogens Isolated \_\_\_\_\_

**Send report to:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Send copy to:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_